24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
Human Rights Campaign Equality Votes		C C00508440
		O
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
Digital Surgeons		07 18 2016
Mailing Address 1175 State St Ste 219		Amount
City State Z	Zip Code	1750.00
	06511	Transaction ID : D630019 Date of Disbursement or Obligation
Purpose of Expenditure Website content development	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Donald J. Trump	X Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	14945.86 Disbu 2016	rsement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Left Hand Strategies		07 18 2016
Mailing Address 477 Bergen Street #3		Amount
City State 2	Zip Code	6450.00
	11217	Transaction ID : D630020 Date of Disbursement or Obligation
Purpose of Expenditure Email development	Category/ Type	07 / 18 / 2016
Name of Federal Candidate	Support Office	Sought: House District: 00
Donald J. Trump	Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	14945.86 Disbu 2016	orsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Mr. James Rinefierd [Electronically Filed] Date 07 18 2016		
Signature		